



DOW UNIVERSITY OF HEALTH SCIENCES
DOW UNIVERSITY HOSPITAL-OJHA CAMPUS
INFECTION PREVENTION & CONTROL DEPARTMENT

IPC recommendations for CCHF prevention in Healthcare settings

1. Screening in ER: As per algorithm and questionnaire attached.
2. Stay in ER: As shortest as possible in suspected and confirmed cases
3. Precautions: Standard, Contact and Droplet precautions apply to all health care workers and support staff especially housekeeping. Airborne precautions in aerosol generation procedures. If patient is bleeding use tyvek suit water resistant gown. If patient is not bleeding use semipermeable gown (water resistant).
4. Room allocation:
 - a. Single room
 - b. In ICU, suspected cases will be kept in cubicles
 - c. In case of increased number of cases, allocation of dedicated area for suspected and confirmed cases with dedicated staffing.
5. Essential PPE includes:
 - Double gloves
 - Face shield
 - Fluid resistant gown and mask
 - Water proof shoes (e.g. Rubber shoes) or a fluid resistant shoe covering and a covering for the head and neck.
6. Strictly follow donning sequence:
 - 1) Gown first
 - 2) Mask or Respirator
 - 3) Goggles or face shield
 - 4) Gloves
7. Strictly follow doffing sequence:
 - 1) Gloves (Do hand hygiene)
 - 2) Goggles or face shield
 - 3) Gown
 - 4) Mask or Respirator
8. Minimum number of HCWs exposed: Minimize number of HCW dealing with the patient to a bare minimum (e.g. one Doctor and one nurse who ideally should not take care of other patients) if possible.
9. Blood sampling/lab workup:
 - a. Avoid doing frequent blood samplings especially if not urgent to minimize the risk of exposure to phlebotomist
 - b. All blood samples should be labeled as biohazard and placed in zipper and safely transported according to lab protocols
 - c. Inform lab beforehand that samples belong to suspected/confirmed CCHF case
10. Dedicated equipment should be used
11. Limited movement of patients. Avoid roaming of patients. In case the movement is extremely necessary, inform the department beforehand, move when there is minimum crowd and use the less populated corridor. Perform terminal cleaning of the visited area once patient leaves.

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12. Waste management: All waste of suspected VHF is infectious and should be incinerated after proper double bagging.
13. Environmental cleaning: Hypochlorite solution 1000ppm. Fumigation of the room is necessary after patient has been de /expired.
14. Spill management immediately according to protocol
15. Linen management:
 - a. Soiled linen: The linen of CCHF patient is directly transported to laundry for washing and disinfection. All linen which is used on any patient and is soiled with blood or body fluids or human excreta etc.
 - b. All soiled linen should be put in red bag (non-leaking) (hamper bag). In case of suspected/confirmed CCHF patient the linen should be doubled bagged.
16. All laundry appliances (washers/dryers, carts) should be cleaned and disinfect daily. Deisolation: De- isolation and shift to standard precautions should only be done after infection control allows.
17. Notification to health authorities is a must
18. In case of death, burial precautions are needed; IC needs to provide guidance, please contact IC for burial guide to attendants.
19. In case of special circumstances e.g. surgical need etc., please contact IC
20. Categorization of Risk after exposure: Patient's blood and body fluids (vomit, stool, urine, sweat, saliva, semen, and breast milk) are highly infectious.
 - a. High Risk Exposure: Splash to eyes, nose, mouth, needle stick injury or soiling of clothes by patients' blood when the gown worn was not fluid resistant constitute high risk exposure where Ribavirin prophylaxis is needed.
 - b. All other exposures where proper PPE was worn are low risk , they warrant observation +/- quarantine (based on line listing) for 14 days with daily temperature charting.
 - c. If fever of 38 F develops during observation period, the HCW becomes a probable CCHF case and should be admitted in isolation and given Ribavirin. This applies to both HCW and household contacts of the patient.

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